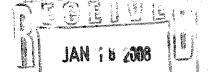
Office: 242 State Street, Augusta, Maine



Website: www.maine.gov/ethics Phone: 207-287-4179

Fax: 207-287-6775

2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

	EGISLATOR INFORMATION	
Name 2	The second of the two second entered to the second entered entered to the second entered to the second entered entered to the second entered ent	Member of:
Druce Dryant Mailing address		☐ House ☐ Senate
P.O. Box 643		District
City, zip code		Phone
Dixticle Me.	4224	207-562-8872
PART 1. INCOME D	ERIVED FROM EMPLOYMENT BY AND	THER
List the name and address of each employer principal type of economic activity of each emplo	from whom you received compensation over.	of \$1,000 or more. Specify the
Name of Employer	Address	Principal Type of Economic Activity of Employer
New page	Runford	Paper making
State of me.	Augusta	State
	E DERIVED FROM SELF-EMPLOYMEN gislators who are self-employed.) ss, if any, and list the major areas of ed ip, firm, professional association, or simil	conomic activity from which you
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name:		
lame:		3

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOYM (For Legislators who are self-employed.)	EŇŤ
B. List each source of income derived from self-employment that represents more than 10% of your group is greater, and specify the principal type of economic activity of the entity or person from whom you derived disclosure is prohibited by law, rule, or an established code of professional ethics, specify only the principle entity or person from whom the income was derived.	ved such income. If this form of sipal type of economic activity of
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:	
Name: Address:	
PART 3. MAJOR AREAS OF PRACTICE (For Legislators who are attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major areas of practice of your firm Major Areas of Practice (self)	m. e Major Areas of Practice (firm)
Address: Name: Address:	
PART 4. OTHER SOURCES OF INCOME	to If none should the box
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this form. Do not include gi	us. Ir none, check the box.
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Address:	
Name: Address:	
PÄRT 5. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the repareas of economic activity of each creditor. Do not list loans from a relative. If none, check the box.	porting period, and list the major
None	
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name: Address:	
Name:	
Address:	
PART 6. REPORTABLE GIFTS	en \$200 from a single source. If
List the specific source of each gift of more than \$300. Include gifts with an aggregate value of more that none, check the box	an \$500 from a sargle source. It
Name of Source of Gift Name of Source of Gift Name of Source of Gift 3.	rce of Gift
2. 4.	en de la companya de En

PART 7. REPORTABLE I	ЮМО	RARIA	4			
List the source of any honoraria accepted for appearances or speeches rela	ted to	your of	ficial duties. If none, check the box.			
☐ None						
Name of Source of Honoraria	24 A	Ň	Jame of Source of Honoraria			
1						
2. 4.		· · · · · · · · · · · · · · · · · · ·	and the control of th			
PART 8. REPRESENTATION BEFO	RE ST	TATE A	AGENCIES			
List each executive branch agency before which you represented or assist the box.		- 5				
☐ None	erra.					
Name of Agency			Name of Agency			
1. 3.		100 PERSONAL PROPERTY AND ADMINISTRATION AND ADMINI				
2. 4.						
PART 9. BUSINESS WITH ST	ATE A	AGEN	DIÈS / La Prince Branch La			
List each executive branch agency to which you or a member of your immed \$1,000 during the reporting period. If none, check the box.	diate fa	amily so	old goods or services with a value in excess of			
None	100	V = X())	1			
Name of Agency		\$ 120 \$ 120	Name of Agency			
1. 3.						
2. 4.						
PART 10. INCOME RECEIVED BY MEMBERS OF IMMEDIATE FAMILY						
List the type of economic activity representing each source of income of \$ (ren) during the reporting period and the kind of income represented. Do no "D" for income received by dependents.	1,000 d ot inclu	or more de gifts	received by your spouse or dependent child Circle "S" for income received by spouse or			
Type of Economic Activity Representing Source of Income Received	appro	rcle opriate tter	Kind of Income			
1.	S	D				
2.	S	D				
3.	S	D				
4.	S	D	And the second of the first for the first of the second sec			
SIGNATURE	-	# W				
A Legislator who willfully fails to file a required statement is subject to (1 M.R.S.A. § 1017-A)	a fine	of \$10	I per business day until the report is filed.			
The intentional filing of a false statement is a Class E crime. If the Con	nmissi	on con	cludes that it appears that a Legislator has			
willfully filed a false statement, it shall refer its findings of fact to the Attorn	-		8			
If the Commission determines that a Legislator has willfully failed to file a the Legislator shall be presumed to have a conflict of interest on ever question in committee or in either branch of the Legislature, and shall (1 M.R.S.A. § 1019)	v due	stion a	and shall be precluded from voting on any			
XXIII Typ			117/68			
Signature //		. /	/ Data			

ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section nur	W. W								
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section nur									
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section nu	ADDITIONAL INFORMATION								
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Part/Section Number									
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